

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/564716

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	\$1					
2	\$2					
3	\$3					
4	\$4					
5	\$5					
6	\$6					
7	\$7					
8	\$8					
9	\$9					
10	\$10					
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47	\$47					
48	\$48					
49	\$49					
50	\$50					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						